

Robert L. Ray & Associates
 1003 E. Cooley Dr., Suite 101, Colton, CA 92324
 Phone: (909) 426-4848 Fax: (909) 426-4838

Billing Agreement

The above case cannot be serviced until you have completed the instructions below:

1. Fill out the CAalendar Assignment Sheet and Billing Agreement completely.
2. Fax both completed documents back to our office with all supporting documents.
3. Remit your payment as indicated below.
 INCLUDE INVOICE# (SID#) AS A REFERENCE WITH YOUR PAYMENT.

If you have not received our confirmation, please call to insure we received your fax and that we have your appearance scheduled.

Unless you have established a retainer agreement with us, we require prepayment of \$75 Flat for this appearance. Credit Card payment is required for Criminal and Family Law matters, and all hourly appearance activity.

<input type="checkbox"/> Payment by CHECK Check #: _____ Amount: _____ Please include SID Number in Memo area of your check. Thank You.	<input type="checkbox"/> Payment by Credit Card Blanket Credit Card (yes) ___ (no) ___ Amount: _____ CREDIT CARD BILLING ADDRESS CC #: _____ Street: _____ Card Type: Visa MC Amex City: _____ State: _____ Expires ___ / ___ / _____ Zip: _____
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A \$25 fee for returned checks or credit card charge backs. A 10% APR finance charge will be applied to all accounts that are 30 or more days past due. Also, there is a \$25 fee for all appearances cancelled after 3pm, the day before the appearance.

This agreement shall be construed under the laws of the State of California. In any action brought under this Agreement, the prevailing Party shall be entitled to recover its actual costs and attorney fees pursuant to California Civil Code section 1717 and all other litigation costs, including expert witness fees, all actual attorney fees, any small claims fees, and litigation costs incurred in connection with the enforcement of a judgement arising from such action or proceeding.

As evidenced by the signature below, I certify that i (the attorney of record) have provided Robert L. Ray & Associtates (appearing firm) with all information and documents adequate to competently handle the above requested appearance, and therefore exonerate said appearing firm and its agents from any responsibility for my client or firm's failure to do so, and further agree to indemnify the appearing firm and its agents for any resulting damages or loss.

I consent to the jurisdiction of, and any actions arising under this agreement shall be heard and resolved in, courts in San Bernardino County, California.

I have reviewed and understand the terms outlined above and agree to retain Robert L. Ray & Associates for this assignment.

Signed _____

(print) _____